



IDAHO DEPARTMENT OF
HEALTH & WELFARE

**COORDINATED CARE PROVIDER AGREEMENT
HEALTHY CONNECTIONS CARE MANAGEMENT
ADDENDUM B - TIER III
(per service location)**

Pay To: Organization Ownership Name (must match the name associated to the Tax ID Number provided below): _____

Mail to: Organization Ownership Address: _____

Organization NPI Number: _____

Tax ID Number: _____

Clinic/Practice Name: _____

Address of Location: _____

Effective Date: _____

Note: This addendum does not supersede or negate the requirements contained in your Idaho Department of Health and Welfare (IDHW) Coordinated Care Provider Agreement and/or your Medicaid Provider Agreement.

COMPLIANCE- Tier III

The clinic shall provide services in accordance with all applicable federal and state laws, rules, and regulations governing the reimbursement of services and items under Medicaid in Idaho, including but not limited to *IDAPA* 16.03.09, Sections 560-566. The clinic further understands that services are subject to recoupment as defined in *IDAPA* 16.05.07. The clinic/practice site requirements for the Idaho Medicaid Healthy Connections Program are specified in *IDAPA* 16.03.09, Sections 560-565.

By completing and meeting the criteria outlined in the Department's Tier III application, the organization affirms it shall comply with each requirement at all times during the term of this agreement:

- Each primary care provider within the clinic/practice service location shall participate in the Healthy Connections Program
- The clinic/practice must provide physician leadership for PCMH efforts`
- The clinic/practice shall submit a readiness assessment
 - This requirement is waived for NCQA PCMH recognized Level 2 or 3 clinics or another nationally recognized PCMH accreditation
- The clinic/practice shall complete a well-defined 1-3 year plan to achieve national PCMH recognition. This plan must be submitted within six months of enrollment and will be monitored by the Medicaid primary care staff.
 - This requirement is waived for NCQA PCMH recognized Level 2 or 3 clinics or another nationally recognized PCMH accreditation
- The Healthy Connections Clinic/Practice demonstrates enhanced access to care by meeting one of the following:
 - The clinic/practice shall offer a minimum of forty-six (46) hours per week of access to primary care for participants
 - The clinic/practice shall meet the extended hours requirement at a nearby service location with the same organization and have shared electronic medical records
 - The clinic/practice shall have available a patient portal with the following functionality:
 - i. Offer two-way communication with provider response expectation outlined in policy and procedures
 - ii. Ability to schedule appointments
 - iii. Ability to request medication refills
 - iv. One of the following optional features:
 - 1. Access to lab results
 - 2. Access to imaging results
 - 3. Access to visit summaries
 - The clinic shall offer Telehealth services resulting in expanded access to primary and specialty care for Healthy Connections participants
 - Other enhanced access to care options - to be approved by the Department
- The clinic/practice shall utilize dedicated care coordination staff or equivalent support for care coordination
- The clinic/practice shall establish a connection to the Idaho Health Data Exchange (IHDE)

In addition, the clinic/practice agrees to meet one of the following:

- The clinic/practice shall perform enhanced care coordination activities such as community paramedic, promotora model, home visiting model, or similar evidence-based, enhanced care coordination model.
- The clinic/practice shall maintain a behavioral health integration practice model, either co-located or highly integrated model of behavioral and physical health care deliver
- The clinic/practice shall demonstrate population health management capabilities - registry reminder system or other proactive patient management approach

- The clinic/practice shall demonstrate care coordination and care transitions capabilities— referral tracking and follow-up
- The clinic/practice shall maintain National Committee Quality Assurance for level 1, 2 or 3 PCMH recognition or Utilization Review Accreditation Commission (URAC), Joint Commission, Accreditation Association for Ambulatory Health Care (AAAHC) or other PCMH national recognition

HEALTHY CONNECTIONS CARE MANAGEMENT REPORTING

The practice/clinic shall meet the following reporting requirements:

- Patient Centered Medical Home Assessment (PCMH-A) Self-Assessment shall be submitted at the time of enrollment and every six months thereafter
- Narrative Progress Report coincides with the PCMH-A Self-Assessment and shall be submitted at the time of enrollment and every six months thereafter. The report is intended to serve as documentation to support responses provided on the PCMH-A Self-Assessment.

IDAHO MEDICAID PATIENT-CENTERED MEDICAL HOME PRIMARY CARE CASE MANAGEMENT FEE

Effective February 1, 2016 the Primary Care Case Management Fee paid to Healthy Connections Care Management Tier III Providers shall be:

- \$7.00 per member per month for enrollees in the Basic Benefit Plan
- \$7.50 per member per month for enrollees in the Enhanced Benefit Plan

This addendum may be terminated for convenience purposes by either party with a 60-day written notice. Additionally, it may be terminated immediately for cause without written notification. "For cause" may include, but is not limited to, failure to fulfill the program requirements or to complete the reporting requirements of The Healthy Connections Program.